

120 000388500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

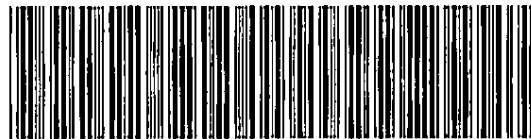
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Special Instructions to Filing Officer:

J. HORNE  
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10/22/21--01016--011 \*\*25.00

FILED

2021 NOV 19 PM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FL 32311



2021 NOV 19 AM 8:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2021

MATTHEW B MOSLEY  
13014 N DALE MABRY  
SUITE 627  
TAMPA, FL 33618 US

SUBJECT: 12003 GAINES COURT LLC  
Ref. Number: L20000388500

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 021A00026692

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 12003 Gaines Court LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew B Moseley

Name of Person

Firm/Company

13014 N. Dale Mabry Hwy, # 627

Address

Tampa, FL 33618

City/State and Zip Code

bryan@thrive-studios.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew B Moseley

at (404)

202-3778

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 NOV 19 PM 10: 24

12003 Gaines Court LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/14/20 and assigned  
Florida document number L20000388500.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Thrive Ventures LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

13014 N. Dale Mabry Hwy

**(Principal office address MUST BE A STREET ADDRESS)**

#627

Tampa, FL 33618

**Enter new mailing address, if applicable:**

13014 N. Dale Mabry Hwy

**(Mailing address MAY BE A POST OFFICE BOX)**

#627

Tampa, FL 33618

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Matthew B. Muehly  
Signature of a member or authorized representative of a member

Typed or printed name of signee